
Adult Medical Emergencies:

Altered Mental Status (Non-traumatic)



Note Well: *Altered Mental Status is a condition in which the patient displays a change in their normal mental state that may range from disorientation to complete unresponsiveness.*

I. All Provider Levels

1. Refer to the Patient Care Protocol.
2. Provide 100% oxygen via NRB, if respiratory effort is inadequate assist ventilations utilizing BVM with 100% oxygen.
3. Place the patient in position of comfort. If evidence of poor perfusion is present place the patient in shock position.



Note Well: *If accidental or intentional overdose or ingestion is suspected and the provider is unsure of treatment modalities or effects, **Poison Control** may be contacted at 202-625-3333 or 800-222-1222. They may be utilized as Medical Control if contacted through the Med Control radio as Hospital 11*

4. Initiate advanced airway management with Combi-tube for the respiratory arrest patient.



Note Well: *EMT-I and EMT-P should use ET intubation.*



Note Well: *If narcotic overdose or hypoglycemia is suspected, support ventilations using an airway adjunct and BVM with 100% oxygen. If no response to appropriate therapy initiate advanced airway management at once*

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I. All Provider Levels (continued)

5. Obtain blood glucose level.



Note Well: *EMT-I and EMT-P should obtain blood tubes for hospital use if possible.*

6. If hypoglycemia is present (a glucometer reading of less than 60 mg/dL) administer 24 grams of oral glucose.

7. If unable to obtain a blood glucose level and hypoglycemia is believed to be present, administer 24 grams of oral glucose provided the patient meets the following criteria:

- A. The patient has a history of diabetes.
- B. The patient presents with altered mental status.
- C. The patient is awake enough to swallow.

8. If narcotic or opiate overdose is suspected with accompanying respiratory depression or arrest:

- A. Administer 2.0 mg Naloxone IM



Note Well: *EMT-P's can administer 2.0 mg Naloxone IV upon establishing IV access*

- i. Reassess patient.

- B. If patient has a positive response to naloxone administration, has a GCS of 15, and is refusing transport to a hospital

- i. Administer 2.0 mg Naloxone IM
- ii. Obtain a signed release in accordance with the Refusal of Treatment protocol (N7).

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Note Well: *Even after the patient has signed a release statement, encourage the patient to consent to transport to the hospital.*

9. If patient does not meet criteria outlined above, establish an IV of Normal Saline KVO or Saline lock.



Note Well: *An ALS Unit must be en route or on scene.*



II. Advanced Life Support Providers

1. Attach EKG and interpret rhythm.
2. If hypoglycemia is present (a glucometer reading of less than 60 mg/dL with associated signs and symptoms)
 - A. Establish IV of normal saline if not present
 - i. If unable to establish IV administer Glucagon 1.0 mg IM
 - B. Administer 100 mg of Thiamine IVP
 - C. Administer 25 gms of Dextrose 50% IVP.



Note Well: *Reassess patient following D50 and/or Glucagon administration. Note findings on the patient care report*

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II. Advanced Life Support Providers (continued)

3. If hyperglycemia is present (a glucometer reading of greater than 240 mg/dL with associated signs and symptoms)
 - A. Establish IV of normal saline if not present
 - B. Run IV wide open



Note Well:	<i>Use with caution in renal failure or CHF patients. During assessment, be sure to assess</i> <ul style="list-style-type: none">• <i>lung sounds</i>• <i>vital signs</i>
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- C. Reassess patient every 3 to 5 minutes
5. If ETOH overdose is suspected and patient is non-ambulatory
 - A. Establish IV of normal saline if not present
 - B. Administer 100 mg of Thiamine IVP
 - C. If no history of renal failure
 - i. Administer fluid bolus of 500cc

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II. Advanced Life Support Providers (continued)

6. If tricyclic antidepressant overdose is suspected with respiratory depression or arrest
- A. Hyperventilate with 100% oxygen and BVM
 - B. Initiate advanced airway management with Combi-tube for the impending respiratory arrest patient.



Note Well: EMT-I and EMT-P should use ET intubation.



- C. Administer sodium bicarbonate, 1 mEq/kg IV push (*Medical Control Option Only*) for
 - i. Hypotension
 - ii. Seizure
 - iii. Widening QRS complex
7. If a benzodiazepine overdose is suspected
- A. Hyperventilate with 100% oxygen and BVM
 - B. If provider induced benzodiazepine overdose, administer 0.2 mg Flumazenil (Romazicon) over 30 seconds

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II. Advanced Life Support Providers (continued)

8. If the cause of the unresponsiveness is unknown
 - A. Administer 2.0 mg Naloxone (Narcan) IVP or IM
 - B. Administer 100 mg of Thiamine IVP.
 - C. Administer 25 gms of Dextrose 50% IVP only if blood glucose level is unknown



Note Well: *If patient responds to the Narcan, there is no need to administer Thiamine and/or 50% Dextrose. If Thiamine & Dextrose were administered first and patient had a positive response, there is no need to administer Narcan*

- D. If hypotensive, administer fluid bolus of 500cc.
 - E. Monitor patient's EKG and vital signs.



III. Transport Decision

1. Transport patient to the closest appropriate open facility

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IV. The Following Options are Available by Medical Control Only

1. Additional fluid bolus
2. Flumazenil, to a maximum dose of 2.0 mg for provider induced benzodiazepine overdose
3. Glucagon, 1.0 mg IVP every 5 minutes to a maximum of 3.0 mg in suspected beta blocker overdose.
4. Lidocaine, 1mg/kg (after a total of 2.0 mEq/kg Sodium Bicarbonate has been administered) for ventricular dysrhythmias.
5. Naloxone, an additional 2.0 mg to a maximum of 8.0 mg.
6. Sodium Bicarbonate, 1.0 mEq/kg followed by 0.5 mEq/kg for tricyclic overdose

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